

28

Headquarters
DATE:

19 MAR 1963

TO : Special Agent in Charge, District Field Office

SUBJECT: *V-JC*

It is requested that you conduct name checks at the Government agencies marked below.

FBI	ONI	ACSI	STATE	PASSPORT	CSC	HCUA	OSI	CSIF	I & N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Clearance Name Check. Your office is the Office of Origin.

Attachments:
Biog. Data
Control Cards

SAIC
PAUL T. AUDEN

137-22
19 MAR 63

DISTRICT FIELD OFFICE
DATE:

TO: CHIEF, INVESTIGATIVE DIVISION

FBI-NIC _____ OTHERS-NR _____
